

Iowa Department of Human Services

INFORMATIONAL LETTER NO.1922-MC-FFS-D

DATE: July 13, 2018

TO: All Iowa Medicaid Providers

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS), Dental

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Authorized Representative for Managed Care Appeals

EFFECTIVE: August 1, 2018

Managed care appeals are mandated by Federal law. Federal regulations allow providers and authorized representatives to file an appeal on behalf of a Medicaid member for managed care appeals when the member has given their express written consent.

While the Department has been complying with federal regulations, there was not a consistent way to obtain written consent from members.

In an effort to streamline the process, the Department, Managed Care Organizations (MCOs), and dental carriers will utilize <u>form 470-5526</u>¹, Authorized Representative for Managed Care Appeals, to obtain the member's consent. This form will be used for the MCOs' and dental carriers' first level appeals process and the Department's state fair hearing process.

Effective August 1, 2018, form 470-5526 will be used to appoint an individual, organization or provider to act on behalf of the Medicaid member during the appeals process.

This form should be completed by the Medicaid member or their parent or guardian, if applicable. The member and the authorized representative must both sign the form. Once completed, the form should be submitted to the Medicaid member's MCO or dental carrier, along with the appeal information if for a managed care appeal, or to DHS, if for a state fair hearing. If your MCO or dental carrier is not listed on the form, call DHS Appeals at (515) 281-3094 to obtain the mailing address.

Managed Care appeals:

Amerigroup Iowa, Inc. members:
 Grievances and Appeals Department
 Amerigroup Iowa, Inc.
 4800 Westown Parkway, Ste. 200
 West Des Moines, IA 50266
 Or email completed form to iga@amerigroup.com

¹ https://dhs.iowa.gov/sites/default/files/470-5526.pdf

• <u>UnitedHealthcare Plan of the River Valley, Inc. members:</u>

Grievance and Appeals P.O. Box 31364 Salt Lake City, UT 84131-0364

• Delta Dental

Delta Dental of Iowa Attn: DWP Appeals and Complaints P.O. Box 9040 Johnston, IA 50131-9040

MCNA Dental

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Attention: Grievances and Appeals Department 200 West Cypress Creek Road, Suite 500 Fort Lauderdale, FL 33309

State fair hearings:

• Send completed form to:

Department of Human Services Appeals Section, 5th Floor 1305 E. Walnut St. Des Moines, IA 50319-0114

Or email completed form to: appeals@dhs.state.ia.us.

If you have questions, please contact the IME Provider Services Unit at 1-800-338-7909, or email imeproviderservices@dhs.state.ia.us.